

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LONG TERM CARE DIVISION

FACILITY REQUEST TO ACCEPT EVIDENCE OF DEFICIENCY CORRECTION IN  
LIEU OF A REVISIT

Facility: \_\_\_\_\_ CMS Provider Number: \_\_\_\_\_

Address: \_\_\_\_\_

Intake Number: MI \_\_\_\_\_ Event ID #: \_\_\_\_\_ Survey or Revisit Date: \_\_\_\_\_  
(If applicable)

This facility was cited for noncompliance with the following Medicare/Medicaid LTC Regulations on the survey date indicated above:

Tag: \_\_\_\_\_ Scope/Severity: \_\_\_\_\_ Tag: \_\_\_\_\_ Scope/Severity: \_\_\_\_\_

Tag: \_\_\_\_\_ Scope/Severity: \_\_\_\_\_ Tag: \_\_\_\_\_ Scope/Severity: \_\_\_\_\_

All tags for this survey are at Centers for Medicare and Medicaid Services (CMS) Scope/Severity level D or below. Under CMS Policy and state regulations the Michigan Department of Licensing and Regulatory Affairs (LARA)/Bureau of Community Health Systems (BCHS) is not required to perform an onsite revisit to determine correction of these deficiencies. The facility has submitted, and LARA/BCHS has accepted, Plans of Correction for these deficiencies in which specific completion dates were specified by the facility. Attached is evidence to document correction of the deficiencies listed and evidence to establish a quality assurance program to maintain compliance.

By signature below and submission of the attached evidence, the facility alleges the correction of the above deficiencies and the presence of ongoing quality assurance to ensure that continuing compliance with these regulations will be maintained. It is understood that LARA/BCHS reserves the right to determine if the evidence submitted verifies compliance and to visit the facility at any time to verify correction of these deficiencies. It is further understood that enforcement remedies applicable to these deficiencies may be immediately imposed if LARA/BCHS determines that the facility has not corrected these deficiencies.

Name of Administrator (Please Print) \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For LARA/BCHS: This evidence has been determined to be ☐ acceptable ☐ not acceptable evidence of compliance.

The effective date of compliance is: \_\_\_\_\_.

Manager/LO Signature: \_\_\_\_\_ Date: \_\_\_\_\_